

Provider News & Resources

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In This Issue:

HCBS Providers: PAR

Inquires

COVID-19 Vaccine Administration

ACA Update

1st Notice: Home Dialysis

Claims

CHP+ Transition

Updated Billing Manuals

Featured Quick Guide: Administrative Password Reset Process

Known Issue: Vision Claims Denying EOB 7817

Known Issue: Professional Claims with Modifier 50 Denying EOB 7823

Resolved Known Issue: Hospital ER Claims Denying EOB 2029

Featured Resources:

COVID-19 Vaccine Toolkit for PCP

<u>Provider Maintenance -</u> <u>Provider Web Portal Quick</u> Guide

Upcoming Holidays:

Independence Day, Monday, July 5 - State
Offices, the ColoradoPAR
Program, DentaQuest and
Gainwell Technologies will be
closed.

Prior Authorization Request (PAR) Inquiries for Home and Community-Based Service (HCBS) Providers

Providers may enter the member identification number and approved PAR number into the Provider Web Portal to search for the PAR status. Providers should choose the "Care Management" option from the home page and click on "View Authorization Services." Providers should still be receiving PAR letters and/or PAR numbers from the case managers; however, they may also check the provider web portal for authorization status. If the PAR number is not known, providers may contact the <u>Provider Services Call Center</u> to obtain it.

HCBS providers may still require additional information from case managers regarding the amount, scope, and duration of services authorized by the service plan, and should verify all information contained in the service plan before billing.

Refer to the <u>Provider Web Portal Quick Guide - Viewing Prior Authorizations</u> for step-by-step instructions on reviewing the status of a member's PAR in the Provider Web Portal and how to locate modifiers.



COVID-19 Vaccine Administration

COVID-19 vaccine administrations in a clinic setting and billed on a professional claim are covered directly through fee for service and do not need to be billed to the

managed care organization (MCO).

Institutional claims that include a COVID-19 vaccine should continue to be submitted to the appropriate MCO.

Refer to the <u>Immunizations Billing Manual</u> for additional information.

Affordable Care Act (ACA) Update

The United States Supreme Court announced its 7-2 decision in California v. Texas to uphold the Affordable Care Act (ACA) which impacts Medicaid expansion along with 200,000 others who have purchased plans through our state based exchange, Connect for Health Colorado.

First Notice:

Home Dialysis Claims Reprocessing Retroactive to July 1, 2020

Effective July 1, 2020, the reimbursement policy for continuous ambulatory peritoneal dialysis (Revenue Code 841) and continuous cycling peritoneal dialysis (Revenue Code 851) when these services take place in the home (Condition Code '74') will be updated. Payments from July 1, 2020, to the present will be reconciled to reflect the <u>correct rates for FY 20-21</u> for revenue codes 841 and 851 billed with condition code '74'.

Some home dialysis claims that processed on or after July 1, 2020, were overpaid. Affected claims will be reprocessed and funds recouped in the coming months. More information will be provided in future communications.

As an interim solution, new claims will be suspended under edit 853 and manually processed.

Contact Marli Firillo at Marli.Firillo@state.co.us or Victoria Martinez at Victoria.L.Martinez@state.co.us with questions regarding the policy.

Child Health Plan *Plus* (CHP+) State Managed Care Network (SMCN) Transition

Effective July 1, 2021, all CHP+ eligible members will be automatically enrolled into a CHP+ Managed Care Organization (MCO). As a result, the CHP+ SMCN will no longer be available to pay for health care services for CHP+ members delivered after June 30, 2021.

Additional communications will be published with more details.

Recently Published Billing Manuals

- Appendix X HCPCS and NDC Crosswalk for Billing Physician-Administered Drugs
- Durable Medical Equipment, Prosthetics, Orthotics, and Supplies (DMEPOS)
- General Provider Information
- Immunization Benefits

Visit the Billing Manuals web page to locate all published manuals.



Reminder:

Featured Quick Guide - Administrative Password Reset Process

The administrative account gives the user full access to the functionality available within the Provider Web Portal. Providers may have one account admin on the administrative account.

Refer to the <u>Administrative Password Reset Process</u> in the Portal Quick Guide for step-by-step instructions.

Note: The temporary password must be typed into the Password field of the Provider Web Portal. The temporary password cannot be copied and pasted.

Visit the Quick Guides web page to locate all published Provider Web Portal Quick Guides.

Known Issues

Vision Claims for Procedure Code 92071 with Modifier 55 Denying for Explanation of Benefits (EOB) 7817

Some claims for procedure code 92071 for dates of service on or after 9/1/2020 billed with the 55 modifier are denying for EOB 7817 - "The payment modifier is not appropriate with the procedure code billed."

A resolution to this issue is in process.

Affected claims will be reprocessed.

Professional Claims with Modifier 50 Denying for Explanation of Benefits (EOB) 7823 when Ambulatory Surgery Center (ASC) Claim Billed

Some professional claims for dates of service on or after 9/26/2020 billed with modifier 50 are denying for EOB 7823 - "The bilateral procedure or proc/mod combination billed is not allowed." when the Ambulatory Surgery Center (ASC) claim has been billed for the same procedure code, modifier and date of service.

A resolution to this issue is in process.

Affected claims will be reprocessed.

Resolved Issues

Resolved 4/15/21

Claims Reprocessed Hospital Emergency Department Claims Denying for Explanation of Benefits (EOB) 2029

Some hospital emergency department claims billed with a non-Substance Use Disorder primary diagnosis and revenue code 906 were previously denying for EOB 2029 – "The services must be billed to the members RAE." These claims will now process for payment through Fee for Service.

This issue was resolved April 15, 2021. Affected claims were reprocessed June 18, 2021.

For more information on billing SUD Benefits, refer to the Ensuring a Full Continuum of SUD Benefits web page.

Please do not reply to this email; this address is not monitored.